## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

**Application or Docket Number** 

10647971

| (Column 1) (Column 2)  |  |   |                                |                               |                              |                  |          | SMALL ENTITY TYPE   |                        |            | OTHER THAN OR SMALL ENTITY |                         |
|--|--|---|--------------------------------|-------------------------------|------------------------------|------------------|----------|---------------------|------------------------|------------|----------------------------|-------------------------|
| TOTAL CLAIMS   |  |   | 49                             |                               |                              |                  | ſ        | RATE                | FEE                    |            | RATE                       | FEE                     |
| FOR  |  |   | NUMBER FILED                   |                               | NUMBER EXTRA                 |                  | ı        | BASIC FEE           | `375.00                | OR         | BASIC FEE                  | 750.00                  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 49 minus 20=                   |                               | * 29                         |                  |          | X\$ 9=              | 261                    | OR         | X\$18=                     |                         |
| INDEPENDENT CLAIMS   |  |   | 7 minus 3 =                    |                               | * 4                          |                  | Í        | X42=                | 168                    | OR         | X84=                       |                         |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT                         |                               |                              |                  | ı        | +140=               |                        | OR         | +280=                      |                         |
| * If   | the difference                                 | less than ze                              | ess than zero, enter "0" in co |                               |                              | Į                | TOTAL    | 804                 | OR                     | TOTAL      |                            |                         |
| CLAIMS AS AMENDED - PART II  |  |   |                                |                               |                              |                  | <u> </u> |                     |                        | OTHER THAN |                            |                         |
|  |  | (Column 1)                                | (Colum                         |                               |                              |                  |          | SMALL               |                        | OR         | SMALL                      |                         |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                 | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE | ·          | RATE                       | ADDI-<br>TIONAL<br>FEE_ |
|  | Total  | *   | Minus                          | **                            |                              | =                |          | X\$ 9=              |                        | OR         | X\$18=                     |                         |
|  | Independent                                    | *   | Minus                          | ***                           |                              | =                |          | X42=                |                        | OR         | X84=                       |                         |
|  | FIRST PRESE                                    | NTATION OF MI                             | JUTIPLE DEF                    | ENDEN                         | CLAIM                        |                  |          | +140=               |                        | OR         | +280=                      |                         |
|  |  |   |                                |                               |                              |                  | L        | TOTAL<br>ADDIT. FEE |                        | OR         | TOTAL<br>ADDIT. FEE        |                         |
|  |  | (Column 1)                                |                                | (Colu                         | mn 2)                        | (Column 3)       | _        |                     |                        |            |                            |                         |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | PREVI                         | IBER                         | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE  |
|  | Total  | *   | Minus                          | **                            |                              | =                |          | X\$ 9=              |                        | OR         | X\$18=                     |                         |
| ME   | Independent                                    | *   | Minus                          | ***                           |                              | =                |          | X42=                |                        | OR         | X84=                       |                         |
|  | FIRST PRESE                                    | NTATION OF M                              | JLTIPLE DEF                    | PENDEN                        | CLAIM                        |                  | 1        | +140=               |                        | OR         | +280=                      |                         |
|  |  |   |                                |                               |                              |                  |          | TOTAL<br>ADDIT. FEE |                        | OB         | TOTAL<br>ADDIT, FEE        |                         |
| (Column 1) . (Column 2) (Column 3)   |  |   |                                |                               |                              |                  |          | אטטוו. רבב ו        |                        | •          | ADDIT: I EL                |                         |
| AMENDMENT C  |  | CLAIMS REMAINING AFTER AMENDMENT          |                                | HIGH<br>NUM<br>PREVI          | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE  |
| NO.  | Total  | *   | Minus                          | **                            |                              | =                | ]        | X\$ 9=              |                        | OR         | X\$18=                     |                         |
| ME   | Independent                                    | *   | Minus                          | ***                           |                              | =                | 1        | X42=                |                        | OR         | X84=                       |                         |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                |                               |                              |                  |          | +140=               |                        | OR         | +280=                      |                         |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                |                               |                              |                  |          |                     |                        |            |                            |                         |